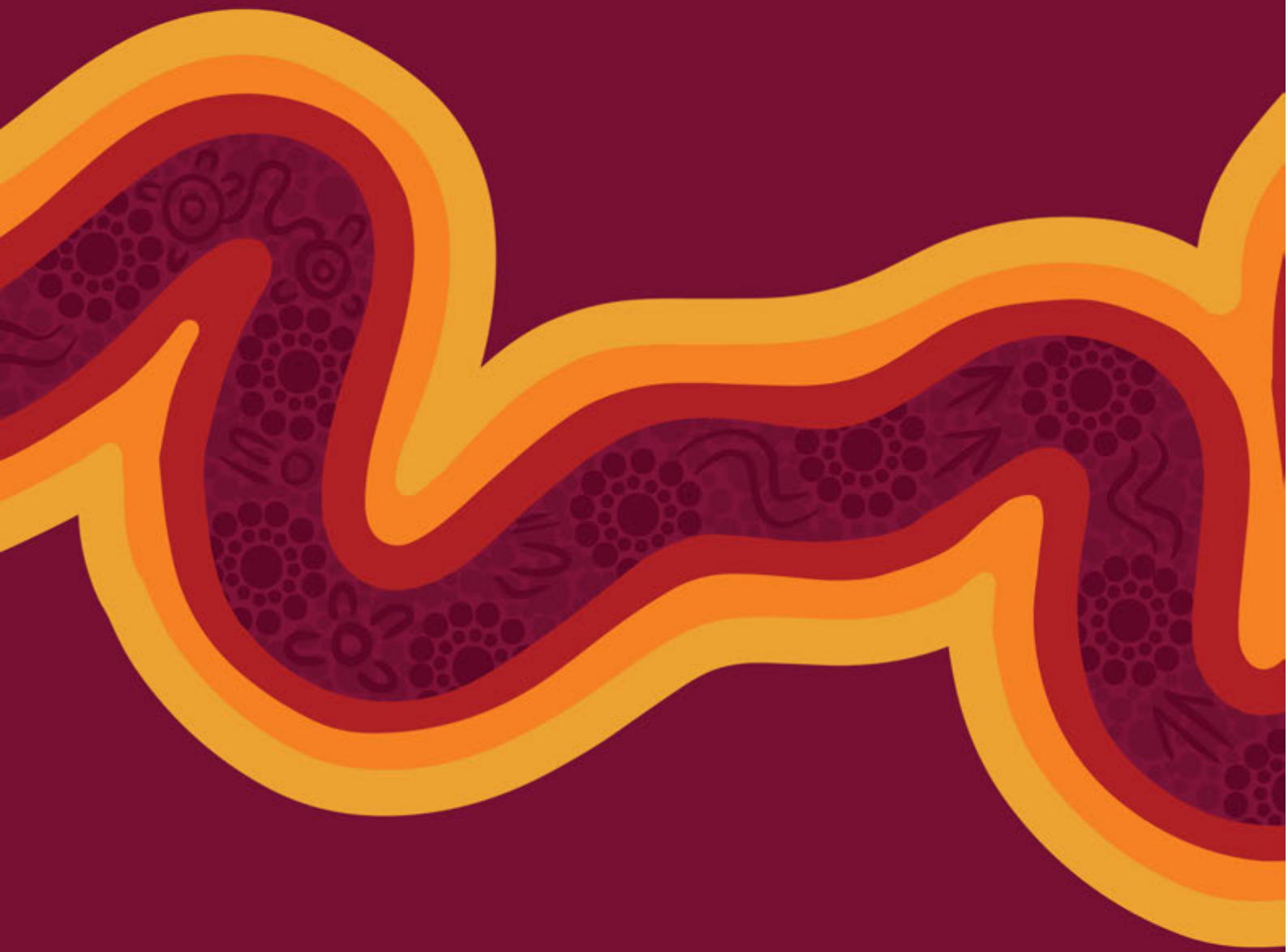
Aboriginal Health Council
of South Australia Ltd.

# Closing the Gap Review 2026

**Date:** October 2026



# Closing the Gap Review 2026

Productivity Commission

*AHCSA acknowledges the Traditional Custodians of the lands and waters across Australia and pays respect to Elders past and present. AHCSA also extends this respect to all Aboriginal and Torres Strait Islander people whose knowledge, culture and leadership continues to guide and strengthen Aboriginal Community-Controlled health.*

## Executive Summary

The Aboriginal Health Council of South Australia (AHCSA) welcomes the opportunity to contribute to the Productivity Commission's 2026 Closing the Gap Review. AHCSA is the peak body for Aboriginal Community-Controlled Health Organisations (ACCHOs) in South Australia and works to support Aboriginal self-determination, improve health outcomes and strengthen community-controlled services across the state. Our 11 Member Services support Aboriginal and Torres Strait Islander people across metropolitan, regional, remote and very remote communities.

The full list of our Member Services is available on our website.

Whilst State and Federal governments have made significant progress against certain elements of Closing the Gap (CTG), AHCSA's primary concern is that developments have focused on improving government engagement with Aboriginal organisations, without transforming the underlying decision-making processes that determine actual outcomes. Increasing the number and visibility of partnerships and consultation with Aboriginal people, communities and organisations does not establish genuine, shared authority, particularly when government deadlines, approvals, funding cycles and reporting rules continue to control what can be decided, by who and when.

This lack of structural and systemic reform means that the community-controlled sector remains subject to government priorities, processes and timeframes. As a result, limited consideration is given to the subsequent operational burden placed on ACCHOs, including responding to late consultation requests with insufficient time for Member and Board consideration, managing short-term grants and undertaking significant unfunded coordination and engagement activities.

These issues are connected. Priority Reform One cannot deliver shared decision-making unless substantial progress is made against Priority Reform Three to transform the systems, structures and functions through which decisions are made. Without this change, ACCHOs remain required to operate within government-defined governance and accountability arrangements. Funding reform must recognise and support the full scope of services provided by ACCHOs including safe clinical care, preventative health, cultural healing and youth support. Furthermore, action to address racism and discrimination must be embedded within everyday practice, accountability mechanisms and policies (AHCSA 2026a).

As such, AHCSA is calling for formalised written agreements related to shared decision-making and approval processes, including community-led timelines and funded participation; funding agreements of at least five years for ACCHOs that cover full-service costs; care handovers and anti-racism plans that enforce government accountability; and timely provision of local data that is governed and managed by Aboriginal organisations and communities.

## Recommendations

AHCSA recommends that the Productivity Commission call on State and Federal government to implement the following actions in collaboration with Aboriginal partners and other relevant bodies including funding departments, Local Health Networks and data custodians. Partnership members should be accountable for changes within their responsibilities and scope, with other jurisdictions involved where cross-border arrangements are needed.

### Recommendation 1: Shared Decision-Making and Aboriginal Leadership

**Require formal, written partnerships to specify which policy, funding and service decisions are shared, including who has authority to approve them, how disagreements are resolved and how Aboriginal partners are resourced to facilitate meaningful, ongoing involvement with partnerships.**

***Supporting actions***

- Establish written partnership agreements that clearly identify shared decisions, approval responsibilities and processes for resolving disagreements.
- Involve Aboriginal partners from the beginning of policy, program and budget development, before priorities and funding decisions have been finalised.
- Jointly develop engagement timelines, allowing at least four weeks for written feedback and longer for Member or Board processes.
- Fund Aboriginal community engagement, inclusive of meetings, governance and implementation activities. Provide Aboriginal governance and advisory roles with adequate remuneration, and ensure timeframes consider cultural and kinship obligations.
- Require government departments and bodies to align approval deadlines with agreed partnership timelines and coordinate requests across agencies to reduce duplication.
- Publish the outcomes of partnerships and decision-making processes, including funding changes, the rationale underpinning decisions and how unresolved disagreements will be managed or progressed.

*(Priority Reform 1)*

### Recommendation 2: Sustainable Funding and Growth of the Community-Controlled Sector

**Replace short, fragmented grants with long-term funding agreements of at least five years that cover full-service costs, support community-led priorities and allow community-controlled organisations to attract and retain staff and plan for future activities, service delivery and community demand.**

***Supporting actions***

- Set a funded transition timetable to agreements of at least five years, with clear renewal decisions prior to expiration of existing funding arrangements.
- Ensure funding accounts for costs associated with transportation, cultural governance, community engagement, care coordination, supervision, infrastructure and administration, with mechanisms to address changing costs and inflation.
- Publish the baseline and annual changes in the amount of funding provided to the community-controlled sector for Closing the Gap services, with an agreed plan to increase it.

- Fund workforce, infrastructure and governance as key components of service delivery, including community-led transition plans that address demand, capital requirements and workforce capability before responsibilities are transferred. Ensure reporting requirements are aligned across grants and finding agreements to reduce duplication.
- Establish ACCHO roles, decision-making arrangements and additional funding at the commencement of emergency response activities, with resource and funding allocations publicly reported to improve government accountability.

*(Priority Reform 2)*

## Recommendation 3: Community-Led Service Delivery and Place-Based Models

**Fund community-led, place-based models that give ACCHOs and communities agreed authority over local priorities, service design and allocation of funding. Participating agencies across health, social and emotional wellbeing, housing, disability, justice and finance should be responsible for coordinating and delivering services within these models, rather than relying on ACCHOs to bridge service gaps from their existing budgets.**

### *Supporting actions*

- Provide flexible funding for local priorities, as determined by Aboriginal communities, and identify the government agencies and bodies responsible for service delivery outside of ACCHO scope.
- Strengthen referral and discharge pathways between hospitals and receiving services, including consent-based information sharing related to patient contacts, medicines and follow-up appointments.
- Establish a lead agency and escalation pathways to resolve gaps in service delivery across health, disability, justice and social services without shifting government responsibilities to ACCHOs.
- Fund specialist outreach services including costs associated with travel, and follow-up appointments, with consideration of specific regional needs, including mental health and alcohol and other drug support.
- Determine cross-border contacts, referral responsibilities and follow-up arrangements with relevant jurisdictions, ACCHOs and communities.

*(Priority Reform 1, Priority Reform 2)*

## Recommendation 4: Government Accountability, Cultural Safety and Anti-Racism Reform

**Require government agencies to review the current approval, funding and administrative rules that limit the decision-making power of Aboriginal people and organisations, alongside increased investment in cultural safety and anti-racism reform.**

### *Supporting actions*

- Develop and invest in anti-racism plans with Aboriginal partners, including culturally safe assessment, ongoing education for permanent and visiting staff, and processes for reported harm.
- Give partnership representatives clear approval authority; identify rules, processes or delegations that prevent shared decision-making and authority, and develop an action plan inclusive of timeframes to address these barriers.
- Fund Aboriginal-led complaint pathways, with protections against retaliation, defined response timeframes and independent escalation processes where concerns remain unresolved.
- Require government agencies to report on the implementation of agreed changes to approval processes, funding rules and service practices, including escalation of unmet commitments to Chief Executives and Ministers with a public corrective action timetable.

- Assess leaders against agreed changes to Aboriginal authority and decision-making processes, resource allocation, cultural safety capabilities and community experiences, rather than plans or training completion alone.

*(Priority Reform 1, Priority Reform 3)*

## Recommendation 5: Aboriginal Data Governance and Access to Information

**Require government data custodians to meet enforceable responsibilities and response times for providing local data access, with Aboriginal communities and organisations holding decision-making authority over the collection, interpretation, use and reuse of data. This should be supported by appropriate safeguards in alignment with principles of Indigenous Data Sovereignty and sustained funding to increase data capability.**

### *Supporting actions*

- Strengthen and implement Indigenous Data Governance arrangements with Aboriginal partners, including clear decision-making powers, government data custodian responsibilities, privacy safeguards and processes for resolving disputes.
- Set data-sharing agreements that cover catchments, datasets, permitted uses, named contacts, response times and escalation of delays.
- Review custodians' policies and access rules with Aboriginal partners and publish changes needed to support Indigenous Data Sovereignty.
- Fund community-controlled data staff and independent Aboriginal experts working directly with custodians, alongside analytical tools, infrastructure and recurrent maintenance for local decisions.
- Determine what timely access to relevant local data looks like, including disease outbreak information, and identify potential limits in coverage, quality or timeliness.

*(Priority Reform 4)*

## Recommendation 6: Measuring Success Based on What Communities Value

**Evaluate whether the Priority Reforms adequately support Aboriginal decision-making authority, long-term funding for the community-controlled sector and government accountability and transparency. Ensure reporting mechanisms require evidence of genuine reform and success.**

### *Supporting actions*

- Establish a baseline and implementation reporting timetable for shared authority, investment in community-controlled services, and changes to government rules, policies and processes.
- Develop reporting mechanisms with Aboriginal partners to track issues impacting access to care, including measures related to cultural safety and social and emotional wellbeing. Ensure measures of success are determined by Aboriginal communities.
- Establish overarching reporting requirements for funding programs and grants, and ensure relevant results are provided to Aboriginal organisations and services, drawing on the nKPI and OSR review.
- Report against whether Aboriginal partners influenced actual investment and service decisions, including unresolved disagreements and how they were addressed.
- Commission an independent, Aboriginal-led evaluation for Closing the Gap partnerships, and require agencies to publicly report results, including responsible officers and dates for corrective action.

*(Priority Reform 3, Priority Reform 4)*

## Introduction

ACCHOs are governed by Aboriginal communities and provide holistic care that recognises the importance of health, family, culture and community. AHCSA supports its Member Services through public and primary health programs, workforce development, training, clinical support, data and policy work. As such, AHCSA has a practical understanding of how government policies, funding arrangements and decision-making processes affect service delivery and the health outcomes of Aboriginal communities.

The National Agreement contains 4 Priority Reforms, 17 socio-economic outcomes and 19 targets. The reforms concern shared decision-making, a stronger community-controlled sector, changes to government organisations, and shared access to data. Health and wellbeing are the main focus of this submission, alongside related issues in housing, disability, justice, education and employment. These systems are interconnected, and require a coordinated, community-led response (National Agreement on Closing the Gap 2020).

The recommendations within this submission have been aligned to the Priority Reforms. Within each, actions to progress the reforms have been identified, as well as barriers and challenges, funding opportunities and required changes to current systems and processes. Together, these address the review's 4 areas: progress, factors contributing to progress, successful approaches and improvements needed for ongoing implementation (Productivity Commission 2026b; Productivity Commission 2026c).

The 2024 Productivity Commission review and the 2025 Aboriginal and Torres Strait Islander-led review identified ongoing problems with shared authority, funding and government practices. The 2026 data report shows uneven progress towards national targets. AHCSA's central argument is that changes to levels of engagement with Aboriginal people, communities and organisations, have not been matched by changes to the government systems that ultimately determine decision-making authority and resourcing. Assessing implementation therefore requires evidence of changed authority, decision-making and practice, as well as relevant agreements, plans and meetings (Independent Aboriginal and Torres Strait Islander-led Review 2025; Productivity Commission 2024; Productivity Commission 2026a).

**Closing the Gap**

The National Agreement Priority Reforms are intended to transform how governments operate, so improvements in life outcomes for Aboriginal people and communities can accelerate. This submission addresses all four Priority Reforms from a community-controlled health sector perspective (National Agreement on Closing the Gap 2020).

## Priority Reform One: Formal Partnerships and Shared Decision-Making

**Theme 1: Participation Has Increased but Shared Authority Remains Inequitable**

An increase in formal partnerships and consultations have changed how governments engage with Aboriginal people, communities and organisations. However, AHCSA remains concerned that the overarching policies, processes and systems that determine how decisions are made have not been amended, diminishing opportunities for Aboriginal-led authority. Aboriginal organisations often have equal representation throughout decision-making processes, but lack control over priorities, budgets and final approvals. This falls short of the shared authority envisaged by the National Agreement (National Agreement on Closing the Gap 2020, cls 32–33; Independent Aboriginal and Torres Strait Islander-led Review 2025; Productivity Commission 2024).

These systems and processes have practical consequences. In many instances, consultation with Aboriginal organisations will commence after a program's budget and preferred approach have been finalised, forcing communities to comment on decisions

they did not contribute to, and may not agree with in principle. A partnership representative may support an identified priority, however, lack the authority to commit any funding to support implementation. Additionally, predetermined deadlines set by government agencies often exclude the community-controlled sector from providing meaningful feedback based on discussions with Member Services and Board representatives, due to short, impractical timeframes. Sharing information about these constraints does not remove them.

Priority Reforms One and Three need to be addressed simultaneously. Partnership agreements should explicitly identify the decisions Aboriginal partners can make, the resources they can influence and how disagreements are resolved. Governments must align approval pathways, budget processes and deadlines with those agreements, and amend any rules, policies and systems that block shared authority. Progress should be assessed based on the decisions made by Aboriginal partners, with accountable leadership required to resolve barriers (National Agreement on Closing the Gap 2020, cls 32–33; Productivity Commission 2024).

**Participation Must Be Properly Resourced**

Effective partnership requires more than an invitation to participate. Aboriginal organisations must have the time, information and resources necessary to undertake meaningful engagement with their communities and governance structures (National Agreement on Closing the Gap 2020, cls 32–33).

Many ACCHOs balance government consultations with essential frontline services, including servicing their own community and processes. A strict government deadline can prevent Members from providing informed, considered advice before it is due. When government departments set timeframes without joint agreement, they inadvertently determine who can contribute to and influence a decision. Timelines must be jointly agreed and backed by participation funding.

Participation funding should recognise and reimburse the work involved in preparing submissions, consulting communities, briefing governing boards, attending meetings and following through on agreed actions. Investing in participation is essential to achieving the objectives of shared decision-making and respecting Aboriginal self-determination (National Agreement on Closing the Gap 2020, cls 32–33).

Paid roles need to recognise local cultural authority, including family and kinship responsibilities. Aboriginal representation on government and service boards must include adequate time and resources to consult communities, contribute to decisions and report back, without adding unpaid cultural work to existing positions.

**Measure**

Measure and report instances of Aboriginal partners determining priorities and investment opportunities, including whether agreed decisions were implemented and whether government approval processes were amended to support the decision-making process. Report any unresolved disagreements and their outcomes. Meetings and consultations show participation; they do not demonstrate genuine, shared authority and decision-making.

**CASE STUDY: How Shared Decision-Making Can Support Healthier Births**

Aboriginal women, families and communities have long held knowledge and cultural responsibilities around pregnancy, birth and parenting. Culture, kinship and connection to Country are part of this care. Community-controlled maternal services build on that knowledge, bringing cultural support together with antenatal care and continuing support for mothers and babies. Birthing on Country approaches illustrate the importance of community leadership and cultural care throughout pregnancy, birth and the postnatal period (Waminda n.d.).

Shared decision-making should build on this expertise. Aboriginal women, communities and ACCHOs should share authority over the design, location and funding of maternal services, including cultural care, transport and outreach. Hospitals need agreed referrals and follow-up, while local data should help communities assess access and experience. Planning must also connect families with food and financial security, basic needs and early-years support. These are practical ways the four reforms can support culturally safe maternal care and Outcome 2, alongside long and healthy lives and early childhood development (National Agreement on Closing the Gap 2020).

**CASE STUDY: Working Together to Improve Kidney Care**

The South Australian AKction kidney-care project brought Aboriginal people with lived experience together with clinicians and researchers. An Aboriginal advisory group helped shape three community workshops. Community members formed a reference group and influenced research, policy and service provision (Bateman et al. 2022).

The work shows the value of going to communities, listening to people who use services and demonstrating how their advice changes decisions. It reports engagement and partnership results, rather than a measured change in national targets; the same model will not suit every community

## Priority Reform Two: Building the Community-Controlled Sector

**Theme 2: Funding and Commissioning Arrangements Do Not Yet Fully Support Community Control**

Priority Reform Two recognises that a strong, sustainable and well-resourced Aboriginal and Torres Strait Islander community-controlled sector is critical to achieving the outcomes of the *National Agreement on Closing the Gap* (*National Agreement on Closing the Gap* 2020, clauses 45 and 55).

ACCHOs are uniquely positioned to deliver culturally safe, community-led services that respond to local priorities and strengthen the health and wellbeing of Aboriginal and Torres Strait Islander people. Through strong governance, accountability to community and deep local knowledge, ACCHOs play a critical role in advancing self-determination and improving outcomes.

Despite broad recognition of the value of community control, many Aboriginal organisations continue to operate within funding and commissioning environments that limit long-term growth and sustainability. Communities consistently report that short-term funding, fragmented funding streams and narrowly defined program requirements create workforce uncertainty, increase administrative burden and limit the ability of organisations to plan, innovate and respond to growing community need (*Independent Aboriginal and Torres Strait Islander-led Review* 2025).

ACCHOs have consistently identified that strengthening the community-controlled sector requires more than funding individual programs. Sustainable growth depends on workforce retention, strong leadership and governance, increased investment in infrastructure and digital capability and improved cultural safety. Government funding cycles and narrow program rules can restrict investment in these foundations despite clear community needs. Long-term funding and agreed flexibility are needed for ACCHOs to lead responses, not simply deliver activities set elsewhere (National Agreement on Closing the Gap 2020, clauses 45 and 55).

Communities have reported that commissioning arrangements do not always reflect government commitments to ACCHOs. Effective commissioning should recognise that community engagement, cultural governance, relationship building, prevention and early intervention are core components of service delivery rather than additional activities. Funding models focused primarily on outputs can overlook the broader value ACCHOs provide through cultural authority, local leadership, prevention and place-based service delivery (NACCHO 2025).

Funding rules also determine who can set priorities. A partnership may agree that prevention, cultural healing or coordination is needed, yet a grant tied to separate activities may not reimburse that work. Departments should work with ACCHOs to determine the scope of activities that are covered by grants, including funded participation and governance. Any new responsibilities must come with resources, rather than relying on services absorbing these costs.

AHCSA proposes a funded transition plan for community-control that has been developed by ACCHOs, for ACCHOs. Aboriginal organisations should lead planning processes to ensure funded activities reflect the priorities and needs of their communities. Existing expenditure and subsequent health outcomes should be reviewed with communities to identify where resources and responsibilities require adjusting. Joint agreement is needed to determine the pace, recurrent funding, capital and workforce required before transfer can successfully occur, including consideration of leadership, training and recruitment requirements. Growth should be measured by the strengthening and suitability of existing services, rather than the number of organisations receiving funding.

ACCHOs should be prioritised as preferred providers wherever community-controlled capability exists or can be developed. Where additional capability is required, governments should invest in sector strengthening and organisational growth rather than defaulting to mainstream delivery models. Genuine community-control requires funding and commissioning approaches that support Aboriginal-led solutions that reflect community priorities (*National Agreement on Closing the Gap* 2020, clauses 45 and 55).

Communities consistently highlighted the importance of funding programs and services related to preventative health, Social and Emotional Wellbeing (SEWB), cultural healing and locally based workforce models. Long-term investment is needed to strengthen connection to Country, kinship, culture and community, while supporting SEWB practitioners, youth workers, peer workers, Elders and cultural leaders to contribute to locally led solutions. Regional and remote communities also require reliable access to specialist mental health, alcohol and other drug, psychology and psychiatry services that are coordinated with local service providers.

Additionally, supporting Elders to remain at home, connected to family and on Country has been consistently highlighted as an area of importance. However, complex aged care systems, limited-service availability and financial barriers can restrict access to flexible and culturally safe support. Appropriate funding is needed to ensure Elders can maintain their independence, wellbeing and cultural connections.

It has also been noted that health outcomes are influenced by more than healthcare services alone. Housing, transport, telecommunications, water, energy and digital connectivity are essential enablers of health, particularly in regional and remote communities. Poor housing and inadequate infrastructure continue to affect health outcomes and access to care. Health reform must therefore be connected to housing, infrastructure and other social determinants of health rather than expecting ACCHOs to address these issues independently (*AHCSA* 2026b; *Anderst et al.* 2025; *Moskos et al.* 2026).

The success of Priority Reform Two should not be measured solely by the number of programs funded or services delivered. It should be measured by whether Aboriginal organisations have been supported to grow in capacity, sustainability, influence and decision-making authority, and whether communities are able to identify and develop the solutions that improve their lives. Strengthening the community-controlled sector remains fundamental to achieving Closing the Gap outcomes and advancing Aboriginal self-determination (*National Agreement on Closing the Gap* 2020, clauses 45 and 55; *NACCHO* 2025).

### CASE STUDY 1: Funding ACCHOs as Part of Outbreak Responses

The ongoing diphtheria response highlights concern that ACCHOs are often expected to undertake significant outbreak response activities without funding that reflects the contribution required. Effective responses often rely on trusted local relationships, staff capacity, community communication, engagement with families and ongoing follow-up. These activities are critical to successful public health responses and should be planned, recognised and appropriately funded, rather than absorbed within existing service resources.

This experience highlights the importance of ensuring ACCHOs have clearly defined roles, timely access to response information and resources that align with the responsibilities they are expected to undertake. Community-controlled organisations are often central to effective responses because of their established relationships, cultural knowledge and community trust.

Future outbreak responses should include early agreement on the role of ACCHOs, the resources required, and the costs associated with their involvement. Governments should include ACCHOs in response planning and decision-making processes, provide access to relevant information and improve transparency regarding funding allocations. This would help ensure community-controlled organisations are adequately supported to fulfil their responsibilities and contribute effectively to protecting community health.

### CASE STUDY 2: NDIS Access and Community-Controlled Support

Aboriginal people continue to face barriers accessing and using the NDIS, including difficulties obtaining assessments, navigating complex processes and finding culturally safe services. ACCHOs play an important role in helping people access the Scheme, understand eligibility requirements and connect with supports, particularly through Aboriginal Disability Liaison Officers and Remote Community Connectors.

However, communities report that these navigation roles remain underfunded and that an approved NDIS plan does not always result in access to services. Limited provider availability and a lack of culturally safe supports can mean people must travel long distances or leave their communities to receive care.

Improving outcomes requires stable funding for navigation roles, better access to assessments and greater investment in culturally safe disability services. Any expansion of disability service delivery through ACCHOs should be community-led and supported by appropriate workforce, infrastructure and ongoing funding.

## Priority Reform Three: Transforming Government Organisations

***Theme 3: Government Systems Must Change for Shared Decision-Making to Work***

Priority Reform Three recognises that governments, mainstream organisations and institutions must change the way they operate if Closing the Gap outcomes are to be achieved. The *National Agreement on Closing the Gap* identifies action on racism, cultural safety, partnerships, transparency, accountability and organisational culture as critical elements of government transformation (*National Agreement on Closing the Gap* 2020, clauses 59, 64 and 67).

Aboriginal people continue to experience barriers when accessing mainstream services and supports. Communities consistently report that these barriers are often embedded within policies, procedures, service models and organisational cultures that do not adequately reflect Aboriginal experiences, priorities or ways of working. Transformation must be evident in the services Aboriginal people encounter, including earlier engagement in policy and service design, culturally safe pathways, simpler administrative processes, effective responses to racism and stronger continuity of care (*National Agreement on Closing the Gap* 2020, clauses 59, 64 and 67; *Australian Human Rights Commission* 2024).

Government transformation must address the internal mechanisms of decision-making processes. Approval steps, financial delegations, procurement requirements and budget cycles can prevent Aboriginal representatives from meeting partnership agreements. Agencies must review these rules with Aboriginal partners, amend those within their control and publish a timetable for changes requiring wider government action. This is necessary for shared decision-making under Priority Reform One to affect real decisions and investment.

**Transforming Service Systems**

ACCHOs continue to report challenges navigating mainstream systems, including health, disability, aged care and mental health services. Barriers relating to assessments, eligibility requirements, digital systems, service availability and coordination between agencies often require Aboriginal organisations to undertake significant advocacy and navigation work on behalf of community members. ACCHOs also identify ongoing gaps between health, disability, mental health and aged care services, resulting in delayed support, fragmented care and poorer outcomes for individuals and families (National Agreement on Closing the Gap 2020, clauses 59, 64 and 67).

**Addressing Institutional Racism and Cultural Safety**

Institutional racism remains a significant barrier to achieving equitable outcomes for Aboriginal people (AHCSA 2026a; Australian Human Rights Commission 2024). Communities continue to report that experiences of racism, discrimination and culturally unsafe interactions affect trust in services and influence whether people seek support, particularly in areas such as social and emotional wellbeing, suicide prevention and crisis response.

ACCHOs and Aboriginal communities have consistently emphasised that cultural safety requires more than awareness training. Meaningful change requires Aboriginal leadership, clear accountability mechanisms, culturally safe complaints processes, trauma-informed service delivery and organisational commitment to responding when concerns are raised (AHCSA 2026a; Australian Human Rights Commission 2024).

The Health Performance Council's 2020 audit assessed all nine geographic Local Health Networks as having very high evidence of institutional racism, and the Women's and Children's Health Network as moderate. These findings concern structures and practices, not current incident numbers (Health Performance Council 2020). The Mayi Kuwayu study found an association between racial discrimination and higher psychological distress; its cross-sectional design does not establish causation (Thurber et al. 2022).

**Government Transformation Must Be Demonstrated in Practice**

Government transformation should be evident in everyday service experiences. Recent emergency planning, response and recovery operations demonstrate the importance of transforming everyday services; ACCHOs have identified continuity of healthcare and medicines, culturally appropriate information, resilient infrastructure and community-led recovery as priorities. Government procedures must allow Aboriginal organisations to influence these arrangements prior to a crisis occurring, with agreed responsibilities and funding.

Aboriginal people, communities and organisations need to be involved in planning, decision-making and recovery efforts before, during and after emergencies. These approaches strengthen local responses and improve outcomes by ensuring decisions reflect community priorities and local knowledge (*National Agreement on Closing the Gap* 2020, *clauses 59, 64 and 67).*

**Strengthening Accountability and Safe Complaints Processes**

A key challenge for Priority Reform Three is demonstrating whether organisational change is occurring in practice. Communities consistently seek greater transparency about how government agencies are addressing racism, improving cultural safety and responding to feedback from Aboriginal people. Reporting should focus not only on activities undertaken but also on measurable changes in organisational practice, service accessibility and community experience (*National Agreement on Closing the Gap* 2020, clauses 59, 64 and 67).

The Commission should distinguish between changes in government behaviour from changes in government systems. For example, a new forum or implementation plan shows activity. However, evidence of genuine reform should include who gained decision-making authority, what funding shifted, which rules changed and whether agreed actions were delivered. Independent evaluation with Aboriginal leadership should test these changes against community experience. Agencies should publish responses and corrective actions where commitments are not met.

AHCSA's racism inquiry submission identified complaints processes as difficult to navigate, unclear and exhausting. Communities need simpler complaints processes, funded Aboriginal-led support, protection from retaliation, clear response times and independent escalation. SA Health and Local Health Networks should agree dated anti-racism plans with Aboriginal partners, name accountable leaders and provide ongoing education for permanent, visiting and agency staff. Report changes in assessment, communication and responses to harm alongside training activity (AHCSA 2026a; Australian Human Rights Commission 2024).

**Continuity of Support Must Extend Beyond Crisis**

Members report that support must continue after hospital discharge, a suicide crisis or release from custody. Agencies should jointly agree who arranges medicines, contacts the person, shares information with consent and confirms connection to local SEWB and community care. Cross-border arrangements need named contacts and an escalation process where responsibility is disputed, without transferring government duties to ACCHOs.

ACCHOs continue to undertake significant coordination and follow-up work to support continuity of care. Sustainable reform requires these activities to be recognised, resourced and embedded within service delivery systems so that people do not experience gaps in support during periods of heightened vulnerability.

Service arrangements should follow people's cultural connections and actual care journeys, including across regional catchments. Agencies should agree how funding and patient information moves with people. Administrative boundaries should not leave a community disconnected from the hospital, pharmacy or specialist service it relies on.

**CASE STUDY: A Reported Member Experience of Unsafe Hospital Care**

A Member Service reported offensive and discriminatory language, dismissive treatment and people being referred to community clinics without appropriate assessment or care. The service also reported Aboriginal staff being turned away when trying to support Aboriginal patients at the hospital (AHCSA 2026a).

This illustrates the need to address clinical assessment, communication and the role of support people for Aboriginal patients, such as Aboriginal Health Practitioners (AHPs). SA Health and Local Health Networks should ensure permanent, visiting and agency staff understand local arrangements for culturally safe care. Staff should involve Aboriginal liaison officers and ACCHO staff where possible, and family or other support people. Referral back to an ACCHO must not replace an appropriate clinical assessment.

## Priority Reform Four: Shared Access to Data and Information at a Regional Level

**Theme 4: Indigenous Data Sovereignty and Data Access Require Significant Strengthening**

Priority Reform Four recognises that Aboriginal and Torres Strait Islander people need timely, relevant and reliable data to support decision-making, monitor outcomes and drive community-led development. The *National Agreement on Closing the Gap* commits governments to improving access to information, strengthening data-sharing partnerships and supporting Aboriginal organisations to use and govern data (*National Agreement on Closing the Gap* 2020, clauses 71-72).

Communities consistently report that access to timely, relevant and locally meaningful data is fundamental to self-determination. Aboriginal organisations require information that supports understanding of community needs, service planning, resource allocation and evaluation of outcomes. However, despite increasing recognition of Indigenous Data Sovereignty, barriers accessing government-held information, delays in data-sharing arrangements and limited access to local-level data continue to restrict effective planning and decision-making (*Maiam nayri Wingara Indigenous Data Sovereignty Collective* 2018; *National Agreement on Closing the Gap* 2020, clauses 71-72).

Access to local data is a crucial component of facilitating governance, authority and self-determination. Aboriginal people should have decision-making authority over how their communities' information is collected, governed, interpreted, shared and used. Advisory participation alone is insufficient. Agreements must specify approval powers, responsibilities and safeguards throughout the data lifecycle (Maiam nayri Wingara Indigenous Data Sovereignty Collective 2018; National Agreement on Closing the Gap 2020, clauses 71-72).

Investment in Aboriginal data experts is required, allowing Aboriginal organisations to work alongside government custodians on local data plans to determine what information exists, what is missing, who can access and interpret it, and how often it is needed. Information related to data should be accessible in plain language and formats communities can use. Budgets need to consider data quality, secure storage, analysis and ongoing maintenance.

ACCHOs continue to report challenges related to obtaining data that is useful for local planning and service delivery. While national and state-level reporting remains important for accountability, it cannot replace the locally relevant information required to identify emerging issues, respond to community priorities and evaluate outcomes. Communities consistently emphasise that data relating to health, housing, disability, workforce needs and other social determinants should be available at a scale that reflects local populations, service catchments and regional priorities (*Australian Institute of Health and Welfare* 2024; *National Agreement on Closing the Gap* 2020, clauses 71-72).

Communities also report that access to data alone is insufficient. Aboriginal organisations require investment in workforce capability, data governance, analytical support, digital infrastructure and information systems that enable them to collect, interpret and apply information to local decision-making. Reliable digital connectivity and access to contemporary data systems are particularly important for regional and remote communities if they are to participate fully in data-driven planning and reform (*National Agreement on Closing the Gap* 2020, clauses 71-72).

Shared datasets and new dashboards are useful activity, but do not establish Aboriginal control over data or improved outcomes (Maiam nayri Wingara Indigenous Data Sovereignty Collective 2018; National Agreement on Closing the Gap 2020, clauses 71-72). As such, reporting should measure whether Aboriginal organisations can obtain local data and information, and exercise authority over how it is utilised.

## Conclusion

The National Agreement provides a pathway to better outcomes for Aboriginal people, but increased consultation alone will not achieve its intent while government retains control over decisions and resources. Progress against Priority Reforms One and Three must be implemented together; shared authority requires reforms to approvals, deadlines, funding and accountability, alongside culturally safe service delivery.

AHCSA asks the Productivity Commission to assess whether Aboriginal partners have genuine authority to determine priorities and influence investment decisions, whether ACCHOs receive sustainable funding for their full scope of work, and whether government agencies have amended their policies, processes and systems to remove barriers for Aboriginal partners. Assessment should be informed by community experience and independent Aboriginal-led evaluation to determine whether these changes improve access to care, cultural safety and continuity of care.

Governments need to identify the systemic changes required, determine appropriate delivery dates with Aboriginal partners and identify who is responsible when commitments are not met. This would ensure transparency against how decisions are made and resources are allocated.

AHCSA thanks the Productivity Commission for its time and consideration, and for the opportunity to contribute to this review.

## References


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